

The LGBT Bar Association of Greater New York (LeGaL) Membership Renewal Form

I. Contact / Background Information

All my information is unchanged from last year / I have noted changes below

Name: _____

Employer: _____ Position: _____

Business Address: _____

Preferred Phone: _____ Preferred E-mail: _____

Home Address: _____

Please send any mail to (circle one): **Office** / **Home**

Law School: _____ Graduation Year: _____

In what setting do you practice/work?

<input type="checkbox"/> Solo Practitioner	<input type="checkbox"/> Company / Corporation
<input type="checkbox"/> Law Firm (2-10 Attorneys)	<input type="checkbox"/> Judiciary
<input type="checkbox"/> Law Firm (11-25 Attorneys)	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Law Firm (26-50 Attorneys)	<input type="checkbox"/> Government
<input type="checkbox"/> Law Firm (51-100 Attorneys)	<input type="checkbox"/> Academia
<input type="checkbox"/> Law Firm (100+ Attorneys)	<input type="checkbox"/> Other / Not Applicable

Primary Practice Area(s): _____

II. Committee / Activity Interest

<input type="checkbox"/> In-House Corporate Counsel Committee	<input type="checkbox"/> Networking & Social Events Committee
<input type="checkbox"/> Judiciary Committee	<input type="checkbox"/> Solo Practitioner / Small Law Firm Committee
<input type="checkbox"/> Family / Matrimonial Law Committee	<input type="checkbox"/> Diversity Committee
<input type="checkbox"/> Public Interest Law Committee	

I'm interested in serving as a **mentor for a law student or newly admitted attorney**

I'd like to receive information about **possible cases for pro bono representation**

I'd like to learn more about joining **LeGaL's Attorney Referral Service**

III. Payment Information / Dues Based on Annual Income / Membership Type

<input type="checkbox"/> up to \$30,000 = \$40	<input type="checkbox"/> over \$150,000 = \$175	<i>*Voluntarily pay higher dues to further support work of Association & Foundation + Not yet admitted/check off applicable income level for dues</i>
<input type="checkbox"/> up to \$50,000 = \$55	<input type="checkbox"/> 1-yr. Sustaining Member* = \$200	
<input type="checkbox"/> up to \$75,000 = \$80	<input type="checkbox"/> 2-yr. Sustaining Member* = \$300	
<input type="checkbox"/> up to \$100,000 = \$120	<input type="checkbox"/> Law Graduate +	
<input type="checkbox"/> up to \$150,000 = \$150		

Your donations to the LeGaL Foundation are tax deductible and support all of our charitable and educational programs. Please consider including a *tax-deductible donation* with your dues.

Included in my total below is a donation of \$ _____ to the LeGaL Foundation

Enclosed is a **check** for \$ _____ made payable to the **LeGaL Foundation**

Please **charge** payment in the amount of \$ _____ to **Mastercard / Visa / AmEx / Discover (circle one)**

Name on Credit Card: _____

Billing Address (if different from above): _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

IV. Certification (Mail or E-mail form to The LGBT Bar Association of Greater New York / @ The Centre for Social Innovation / 601 West 26th Street, Suite 325-20 / New York, NY 10001 / info@le-gal.org)

I certify that: I am a member of the bar in good standing / I am a law graduate intending to be admitted

Signature: _____ Date: _____

Please consider providing voluntary & confidential demographic information on reverse side

V. Additional Information (optional) *Please complete this voluntary section so that LeGaL may have an accurate idea of the demographics of our membership. All information will be kept confidential.*

Age: ___ 20–29 ___ 30–39 ___ 40–49 ___ 50–59 ___ 60–69 ___ 70–79 ___ 80+

Race / ethnicity: ___ African-American ___ Afro / Caribbean ___ Other African ___ Latino / Hispanic
___ Asian-American ___ Pacific Islander ___ South Asian ___ Arab / Middle Eastern
___ Native American ___ White / Caucasian ___ Other _____

Sexual Orientation: ___ Lesbian ___ Gay ___ Bisexual ___ Heterosexual ___ Other _____

Gender Identity / Expression: ___ Male ___ Female ___ Intersex ___ Transgender ___ Other _____

Disability: ___ I require accessibility at LeGaL events / ___ I require ASL interpretation at LeGaL events